

Hand-Delivered

(Rev. 12/16) Complaint for a Civil Case

FILED
CHARLOTTE, NC

SEP 6 2022

UNITED STATES DISTRICT COURT

for the
Western District of North Carolina

US DISTRICT COURT
WESTERN DISTRICT OF NC

Division

Mary L. Bell Corbett

) Case No. 3:22-cv-460-MOC

) (to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Noosa Pest Management LLC
Sedgwick Claims Management Services, Inc.

) Jury Trial: (check one) Yes No

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Mary L. Bell Corbett
5800 Fairview Rd. # 413
Charlotte Mecklenburg
NC 28209
803-464-2259
reneebell99@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name _____
Job or Title (if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address (if known) _____

*Noresa Pest Control
Pest Control
2764 Pleasant Rd.
Fort Mill, SC 29708
704-499-9922*

Defendant No. 2

Name _____
Job or Title (if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address (if known) _____

*Sedwick Claim Management
P.O. Box 14512, Claim Office
P.O. Box 14512
Lexington, Kentucky 40512
864-530-2148*

Defendant No. 3

Name _____
Job or Title (if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address (if known) _____

Defendant No. 4

Name _____
Job or Title (if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address (if known) _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)

Federal question Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case. *Q Mary Bell was denied welfare
accident report papers for ^{about} 3 years*

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, (name) Noosa Pest Control, is incorporated under the laws of the State of (name) South Carolina, and has its principal place of business in the State of (name) North Carolina. Or is incorporated under the laws of (foreign nation) South Carolina, and has its principal place of business in (name) South Carolina.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

On September 6, 2019, Noosa was in my apartment the machine broke and sprayed my whole body all over my face & clothes my lymph nodes were under doctor care until June 20 20 and now cancer as of 2022 my limbs (knee & shoulder)

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I am claiming false statement that the chemicals use was water base stated by Noosa employee Noosa refuse to give me an accident report or insurance 9 months my lymph node was under doctor care on skin my face, lip, was burned and now has cancer

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I'm asking the Court to give me time to find an attorney or show Court all medical fact. Noosa claim Management Service advise me 8/21/22 to file in Court. all my attorney drop my Case. And I've been sick with first stage Cancer

Medicade or Niemann has not paid my bills
for Sept 6, 2019, for Pain, Suffering, not being
responsible for Noosa Select. ~~Like~~ this is 3 years
I'm asking \$80,000 plus

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

Sept 6, 2022

Signature of Plaintiff

Mary J Bell Corbett

Printed Name of Plaintiff

Mary J. Bell Corbett

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address
